

County: La Crosse  
 BETHANY ST. JOSEPH CARE CENTER  
 2501 SHELBY ROAD

Facility ID: 1550

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LA CROSSE 54601 Phone:(608) 788-5700  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 204  
 Total Licensed Bed Capacity (12/31/02): 204  
 Number of Residents on 12/31/02: 169

Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 164

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		34.3
Supp. Home Care-Personal Care	No					More Than 4 Years		40.8
Supp. Home Care-Household Services	No	Developmental Disabilities	2.4	Under 65	8.3			24.9
Day Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	10.7			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	30.2			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	11.2		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	10.7	65 & Over	91.7	-----		
Transportation	No	Cerebrovascular	13.6		-----	RNs		10.7
Referral Service	No	Diabetes	0.6	Sex	%	LPNs		7.8
Other Services	No	Respiratory	4.1	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.9	Male	33.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem		Per Diem		Per Diem			Per Diem			Per Diem			Per Diem			Per Diem	Total Resi- dents	% Of All
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	5	35.7	306	6	6.6	148	0	0.0	0	3	7.5	173	1	5.0	148	0	0.0	0	15	8.9
Skilled Care	9	64.3	302	80	87.9	125	0	0.0	0	37	92.5	163	19	95.0	125	4	100.0	360	149	88.2
Intermediate	---	---	---	3	3.3	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	2	2.2	375	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.2
Total	14	100.0		91	100.0		0	0.0		40	100.0		20	100.0		4	100.0		169	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
				One Or Two Staff				Residents	
Private Home/No Home Health	8.4	Bathing	0.6	60.9	38.5	169			
Private Home/With Home Health	5.1	Dressing	7.1	50.9	42.0	169			
Other Nursing Homes	2.8	Transferring	18.9	58.0	23.1	169			
Acute Care Hospitals	79.5	Toilet Use	14.2	47.9	37.9	169			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	46.7	44.4	8.9	169			
Rehabilitation Hospitals	0.0	*****							
Other Locations	4.2								
Total Number of Admissions	215	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	10.1	Receiving Respiratory Care	17.2				
Private Home/No Home Health	26.3	Occ/Freq. Incontinent of Bladder	53.3	Receiving Tracheostomy Care	1.2				
Private Home/With Home Health	14.6	Occ/Freq. Incontinent of Bowel	30.2	Receiving Suctioning	2.4				
Other Nursing Homes	4.7			Receiving Ostomy Care	1.8				
Acute Care Hospitals	12.7	Mobility		Receiving Tube Feeding	3.6				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	11.2	Receiving Mechanically Altered Diets	34.9				
Rehabilitation Hospitals	0.0								
Other Locations	8.0	Skin Care		Other Resident Characteristics					
Deaths	33.8	With Pressure Sores	4.7	Have Advance Directives	89.3				
Total Number of Discharges		With Rashes	11.8	Medications					
(Including Deaths)	213			Receiving Psychoactive Drugs	65.1				

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		This Facility	Ownership:		Bed Size:		Licensure:		All
		%	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	Facilities
			%		%		%		%
Occupancy Rate: Average Daily Census/Licensed Beds	77.0	87.5	0.88		81.7	0.94	85.3	0.90	85.1
Current Residents from In-County	77.5	79.3	0.98		81.4	0.95	81.5	0.95	76.6
Admissions from In-County, Still Residing	20.5	21.8	0.94		22.1	0.93	20.4	1.00	20.3
Admissions/Average Daily Census	131.1	124.6	1.05		97.4	1.35	146.1	0.90	133.4
Discharges/Average Daily Census	129.9	129.0	1.01		105.8	1.23	147.5	0.88	135.3
Discharges To Private Residence/Average Daily Census	53.0	50.5	1.05		41.5	1.28	63.3	0.84	56.6
Residents Receiving Skilled Care	97.0	94.7	1.02		88.0	1.10	92.4	1.05	86.3
Residents Aged 65 and Older	91.7	96.2	0.95		86.1	1.07	92.0	1.00	87.7
Title 19 (Medicaid) Funded Residents	53.8	56.7	0.95		72.7	0.74	63.6	0.85	67.5
Private Pay Funded Residents	23.7	32.8	0.72		16.9	1.40	24.0	0.99	21.0
Developmentally Disabled Residents	2.4	0.5	4.43		2.5	0.96	1.2	2.00	7.1
Mentally Ill Residents	19.5	35.5	0.55		39.4	0.50	36.2	0.54	33.3
General Medical Service Residents	34.9	23.8	1.47		26.5	1.31	22.5	1.55	20.5
Impaired ADL (Mean)	56.4	50.4	1.12		52.3	1.08	49.3	1.15	49.3
Psychological Problems	65.1	54.7	1.19		59.5	1.09	54.7	1.19	54.0
Nursing Care Required (Mean)	9.7	6.9	1.40		7.0	1.39	6.7	1.44	7.2